

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

ANKENY AREA DEMOCRATS

IMPORTANT: Indicate by # type of committee you are reporting for: 2

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
 REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

9703

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Dave Binder

SIGNATURE OF PERSON FILING REPORT

963-0367

TELEPHONE

1/14/2009

DATE SIGNED

I AM FILING A 7-1-2009 through 12/31/2009 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 3220.77

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1377.64

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 4598.41

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1289.68

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 3308.73

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 506.76

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

CONTRIBUTIONS — MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

ANKENY AREA DEMOCRATS

☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/1/2009	ID# CK#	VERIDIAN CU 410 N Ankeny Blvd, Ankeny, IA INTEREST 50023		\$0.27	<input type="checkbox"/>
7/15/2009	ID# CK#	Char Teed EFT 2301 S.W. Ovalabar #97 Ankeny, IA 50023		25.00	<input type="checkbox"/>
7/29/2009	ID# CK#	Summer fest Receipts from sales/auction		809.00	<input checked="" type="checkbox"/>
7/22/2009	ID# CK#	Basket Donation at Meeting		43.00	<input type="checkbox"/>
8/1/2009	ID# CK#	Veridian CU - Int. 410 N Ankeny Blvd Ankeny, IA 50023		0.27	<input type="checkbox"/>
8/15/2009	ID# CK#	Char Teed EFT 2301 S.W. Ovalabar #97 Ankeny, IA 50023		25.00	<input type="checkbox"/>
8/27/2009	ID# CK#	Basket Donation at Meeting		58.00	<input type="checkbox"/>
8/28/2009	ID# CK#	Summer fest Action receipt		10.00	<input checked="" type="checkbox"/>
9/1/2009	ID# CK#	Veridian CU Int 410 N. Ankeny Blvd. Ankeny IA 50023		0.29	<input type="checkbox"/>
9/15/2009	ID# CK#	Char Teed EFT 2301 Ovalabar #97 Ankeny IA 50023		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 995.53

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

CONTRIBUTIONS — MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

ANKENY AREA DEMOCRATS

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/26/2009	ID# CK#	Basket Donation - Meeting		\$32.00	<input type="checkbox"/>
10/15/2009	ID# CK#	Cher Teed EFT 2301 S.W. Overlook #97 Ankeny IA 50023		25.00	<input type="checkbox"/>
10/1/2009	ID# CK#	Vendian CU Int 410 N. Ankeny Blvd Ankeny IA 50023		0.28	<input type="checkbox"/>
11/1/2009	ID# CK#	Vendian CU Int 410 N. Ankeny Blvd Ankeny IA 50023		0.27	<input type="checkbox"/>
11/3/2009	ID# CK#	Basket Donation - Meeting		110.00	<input type="checkbox"/>
11/15/2009	ID# CK#	Cher Teed EFT 2301 S.W. Overlook #97 Ankeny IA 50023		25.00	<input type="checkbox"/>
11/20/2009	ID# CK#	Basket Donation Meeting		117.00	<input type="checkbox"/>
12/1/2009	ID# CK#	Vendian CU - Int 410 N. Ankeny Blvd. Ankeny IA 50023		0.26	<input type="checkbox"/>
12/15/2009	ID# CK#	Cher Teed EFT 2301 S.W. Overlook #97 Ankeny, IA 50023		25.00	<input type="checkbox"/>
12/21/2009	ID# CK#	Basket Donation - Meeting		47.00	<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$381.81

\$1378.64

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/9/2009	ID# CK# 1105	Paul Brisson Anteney IA	Music at summer fest	\$ 100 ⁰⁰
7/9/2009	ID# CK# 1106	Mike Short Anteney IA	Music at Summerfest	100 ⁰⁰
7/9/2009	ID# CK# 1107	Dan Hartzell Anteney IA	Music at Summerfest	100 ⁰⁰
7/9/2009	ID# CK# 1108	John Morgan 1222 16th St. West Des Moines, IA 50265	Music at Summerfest	100 ⁰⁰
7/15/2009	ID# CK# 1109	Carter Printing 734 E. Grand Ave Des Moines, IA 50316	Donations for Summerfest	294 ⁶⁸
8/24/2009	ID# CK# 1110	Cure 4 Lupus.org 9417 Park Drive #201 Omaha, NE 68127	Web Hosting	120 ⁰⁰
8/27/2009	ID# CK# 1054	VOID Check	Deposit Returned	(100.00)
9/9/2009	ID# CK# 1104	VOID Check	Deposit Returned	(100.00)
SUB-TOTAL				\$ 614.68
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

ANKENY AREA DEMOCRATS

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/26/2009	ID# CK# 1111	US Post Office Ankeny Blvd Ankeny, IA	P.O. Box rental	\$ 40.00
10/6/2009	ID# CK# 1112	Ankeny Press Citizens 121 5th St Ankeny, IA 50023	Promote "World Class School" Community Meeting	360.00
11/23/2009	ID# CK# 1113	Care 4 Lupus, org 9417 Park Drive #201 Omaha, NE 68127	Web Hosting	75.00
8/6/2008	ID# CK# 1084	Ankeny Poles & Records Ankeny, IA	Deposit for Summer Fest Booth	100.00
6/10/2009	ID# CK# 1104	Neulin Center Ankeny, IA	Damage Deposit	100.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 675.00
TOTAL (if last page of this schedule)				\$ 1289.68

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(b).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

ALBANY AREA DEMOCRATS

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/7/09	Deanne Reid Antony, ID		Glass Pendant	\$ 20	<input checked="" type="checkbox"/>
7/7/09	Joann Olson		Hand Knit Purse	10	<input checked="" type="checkbox"/>
7/7/09	Pat Cochrane		Coconut Catho	10	<input checked="" type="checkbox"/>
7/7/09	Mary Williams		2 Mugs/Cups	30	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

70.00

TOTAL (if last
page of this
schedule)

\$

506.16

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 2 of 2
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

ALBANY AREA DEMOCRATS

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/7/09	John's Albany, IA		Bunting	\$ 21.59	<input checked="" type="checkbox"/>
7/7/09	Independence Bunting 5 Fly NYC, NY		Bunting	113.97	<input checked="" type="checkbox"/>
7/7/09	Wal-Mart Albany, IA		Duct Tape	6.54	<input checked="" type="checkbox"/>
7/7/09	Albany Card 2 Party Outlet Albany, IA		Hofman Filled Balloons	28.56	<input checked="" type="checkbox"/>
7/7/09	Charles Wright 405 SE Delaware Ave #205 Albany, IA 50021		Cookies Fruit Book	106.50	<input checked="" type="checkbox"/>
7/7/09	Grog/Lonnie Stricker Albany, IA		Hydro-Gel Coat Yellow Lace Hair	15.00	<input checked="" type="checkbox"/>
7/7/09	Arvid/Mary Olin Albany, IA		2 Hot Rock Cakes Bones Book	39.00	<input checked="" type="checkbox"/>
7/7/09	Grog/Lonnie Stricker Albany, IA		Shaw-Wiens Monopoly Game The Sister Book Case Furniture Set II	50.00	<input checked="" type="checkbox"/>
7/7/09	Don/Barb Sorlie Albany, IA		Desert Plates	10.00	<input checked="" type="checkbox"/>
7/7/09	Judy Stymeyer Albany, IA		"Baby Beauty Kit" Items	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 436.16	
TOTAL (if last page of this schedule)				\$	

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Page 1 of 2
(for Schedule E)